

Birth to Three Plan Status Update, Emerging Opportunities & Outcome Measures

PURPOSE: To support the October Washington Early Learning Partnership Retreat, ELAC Infant/Toddler work group & Pre-K Grant Development

Birth to Three Plan Strategies	Activities			Activities Notes
	Min	Mod	High	
Ready and Successful Children				
Health and Developmental Wellbeing				
a. Develop a joint plan between relevant agencies (DEL, OSPI, DOH, DSHS) from current funding to promote a system for universal developmental screening.			X	Although a formal joint plan between these specific agencies has not been developed, these agencies continue to partner through the Universal Developmental Screening (UDS) system building effort. They and other key partners created a joint Outcome Map in 2010 to guide their work together. In late 2014/early 2015 these partners will be reviewing the Outcome Map, objectives, measures, and plans to move the work forward. Currently DOH ECCS (Early Childhood Comprehensive Systems) is coordinating the collective work.
b. Align Washington’s Medicaid payment policies and procedures with strategies to expand and promote developmental screening among health care providers.			X	August 1, 2014 Health Care Authority Medicaid began allowing reimbursement for primary care providers for one developmental screen for all children age 9-30 months. There are additional authorizations for children suspected of having autism. This is the first time WA Medicaid has covered screenings. However, one screening is below the nationally recommend schedule for preventive well child care (Bright Futures and the American Academy of Pediatrics). The Washington Chapter of the AAP leads a workgroup that continues to advocate for Medicaid coverage of the full screening schedule as equitable care for all children. Developmental screening is also a quality measure for the managed care organizations (MCO) and they are providing their health care providers with information on best practice for developmental screening.
c. Amend ESIT program policies, eligibility criteria, and funding strategies to support and include infants identified at risk of developmental delay (e.g. infants and toddlers in foster care, premature infants and toddlers).			X	
d. Engage child care programs in educating parents and families about developmental screening and connecting families to resources.			X	Child care providers have been learning about developmental screening and connection to services through a variety of ways: Some local health departments have provided training; some Infant Toddler Consultation programs have provided training; some regional training centers have provided training; literature for parents provided to Early Achievers child care facilities for distribution. <i>(not yet systematized – not consistent around state)</i> Help Me Grow WA has been working with DOH, DEL and Thrive to connect families to developmental screening and services.

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Home Visiting				
a. Expand investments in home visiting programs to reach a greater number of vulnerable children.			X	FFY12-FFY14 Competitive Grants ~\$24 mil SFY13-15 SGF increase \$500 K/Year Proportionate increases in private investment
b. Increase the quality of implementation by assessing and monitoring fidelity and building organizational capacity.			X	Increase capacity for implementation through Thrive’s Implementation HUB
c. Expand the capacity for evaluation of the evidence-based home visiting (EBHV) portfolio and develop statewide structure for and require common reporting of activities, outputs, fidelity measures, indicators and outcomes across programs implementing the same EBHV models.		X		Various evaluation efforts underway
d. Assess the effectiveness of a portfolio approach to positively impact targeted child and family outcomes.		X		Various evaluation efforts underway
e. Build the knowledge and evidence base for implementation of EBHV in diverse communities. Move effective promising home visiting programs along the continuum from research- to evidence-based.		X		Through the Early Learning Regional Coalitions, Tribal Home Visiting and Rural Home Visiting initiatives, we have increased knowledge around implementation of EBHV and are gaining understanding of promising practices through evaluation.
f. Support interagency coordination and stakeholder involvement in statewide efforts to plan and implement home visitation services.		X		Revamp of governance structure to home visiting partnership management which includes partners and stakeholders
Other Key Strategies – (Key efforts since 2010 not in the B-3 or ELP)				
a. Expand WA Medicaid policies and procedures that promote and fund the developmental therapies needed by vulnerable infants and toddlers.			X	DEL and HCA staff have been working in partnership to define an array of services that better reflects the “intensive intervention and preventative services” which are allowable services for Medicaid reimbursement under the Affordable Care Act.
Ready and Successful Parents, Families and Caregivers				
Policies & programs that support strong families and parents and caregivers as their children’s first and most important teacher.				
a. Strengthen the connections between medical providers and parents of infants and toddlers to promote early literacy.			X	Reach Out and Read (ROR) connects 100,000 children and families with doctors during well-child checkups to support nurturing parent-child relationships and teach families how to promote child development, with a focus on early language, literacy, and communication skills. DEL and ROR are developing a funding and implementation plan to more sustainably deliver these services.
b. Provide information, services, and supports to meet the unique needs of families and caregivers—including fathers—of infants and toddlers.		X		In 2012 began support of CBCAP funded programs and public awareness work focused on infants and toddlers.

Birth to Three Plan Strategies	Activities			Activities Notes
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c.				
Family, Friends and Neighbor Care				
a. Provide information, support, and education to FFN providers of infants and toddlers through community-based strategies similar to those used for parents, such as medical providers, Community Cafés, library partnerships, Play & Learn groups, parenting education, and home visiting.		X		Included in the CCA contract. Additional funding through CBCAP for Early Learning Conversations.
b. Expand infrastructure for Kaleidoscope Play & Learn.	X			No new funds. Feb 2014 CCA leaders convened planning day for FFN next steps.
c. Require and incentivize foundational training for FFN providers receiving child care subsidy payments.	X			
Other Key Strategies – (Key efforts since 2010 not in the B-3 or ELP)				
a. Provide training for childcare providers in supporting parent protective factors such as knowledge of parenting and child development, social connections, parental resiliency, support in times of need, and social and emotional competence of children			X	Strengthening Families training embedded for all Early Achievers participants
Ready and Successful Early Learning Professionals				
High Quality professionals and environments				
a. Provide interdisciplinary consultation to licensed child care settings to improve the quality of care for infants and toddlers.			X	Infant/Toddler Consultation is integrated with Early Achievers. Standardizing and scaling up to reach more providers.
b. Change current Washington Administrative Code for child care centers to extend trained infant toddler consultation to toddler rooms in addition to infant rooms.		X		Early Achievers facilities will be eligible to receive Infant and Toddler consultation services No changes to the WAC have been planned
c. Work with higher education systems to develop an infant/toddler credential program.	X			
d. Improve the quality of child care (center-based and family child care home) by providing comprehensive services through partnerships between child care providers and Early Head Start.			X	The Consortium for High Quality I/T Care was established to support providers applying for the 2014 Federal Early Head Start-Child Care Partnership Grant. State partners agree to contribute resources and develop policy supports that prioritize services for programs that join the Consortium. Program members agree to commit to common state quality standards and outcome measures, and to contribute to statewide learning about the resources, practices and strategies infant/toddler programs need to implement high quality care and services.
Other Key Strategies – (Key efforts since 2010 not in the B-3 or ELP)				

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Ready and Successful Systems and Communities				
Child care subsidies that promote parent choice and access to affordable care				
a. Expand the supply of high-quality infant/toddler care through the provision of incentives in the subsidy system to licensed child care providers who meet higher standards.			X	Tiered reimbursement is available for Early Achievers facilities that rate as a “Quality Level of Excellence”
b. Allow 12-month eligibility for families receiving subsidies with infants and toddlers in high quality settings.			X	WA moved to 12-month subsidy authorization in 2012.
Infrastructure, Partnerships and Mobilization				
a. Promote funding for existing birth to 3 programs that include a continuum of services; identify service gaps for infants and toddlers; and ensure that, as pre-K services are phased in, a parallel funding stream for birth to three services is developed in tandem.	X			This was recommendation from the 2012 ELAC B-3 Subcommittee.
b. Create an advisory committee connected to the Early Learning Advisory Council focused on infants and toddlers.		X		An ELAC work group is developing recommendations for DEL to discuss in December 2014.
c. Develop formal coordination, communication linkages and feedback loops that create two-way learning opportunities between community-based organizations, institutions and agencies, county and regional planning entities, and the state level.			X	Implementing state/local coordination recommendation to do this through the 10 ELRC’s, ELAC and Early Learning Partnership.
d. Promote the use of established Core Competencies and benchmarks for professionals that care for infants and toddlers.			X	EL & Development Guidelines developed in 2012 and used across the system.
e. Highlight information specific to infants and toddlers in all early learning data systems.			X	Much of the work in this area has been in the development of a new data system that tracks Early Achiever participation at a provider level (MERIT) and a new data system that tracks IDEA – Part C participation (ESIT) for children age Birth -3 with developmental challenges. These new data systems have been built with linkages to other early learning data systems. However, there is still a lot of work to be done in terms of building a more integrated data and reporting system for early learning with the ability to disaggregate infants and toddlers.
f. Develop a system to link regional birth to 3 data being collected with the statewide P-20 Longitudinal Data System in development.			X	DEL has submitted data to the state longitudinal P-20W data system for several data sets including ESIT (IDEA – Part C), WCCC/SCC subsidy data, ECEAP (state preschool), licensed child care providers, MERIT (professional registry) and Early Achievers participation data. Annual data updates will be provided going forward. The state longitudinal P-20W data system (housed at OFM-ERDC) now includes an identity matching

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				tool to help connect data longitudinally from different source systems.
g. Incentivize the broader adoption of Strengthening Families—an existing, overarching collaborative framework already used by several organizations and agencies.		X		SF Protective factors included in EA work, all CBCAP RFP and contracting, and with partners such as Dept. of Corrections.
h. Continue to invest in and expand planning, research and evaluation efforts to inform and determine the effectiveness of the funding that supports infants and toddlers.	X			
Other Key Strategies – (Key efforts since 2010 not in the B-3 or ELP)				
i. 10 Early Learning Regional Coalitions (ELRC) and 10 Infant/Toddler Regional Steering (ITRSC) Committees are building and strengthening local infrastructure to implement the ELP, ensure partners work together to understand community needs and develop strategies for collective action to serve all children, particularly those furthest from opportunity.			X	Some ELRC's and ITRSC's are integrated, some are not. They follow the same geographic boundaries and often share membership/participants. Some ELRC's are also connecting with County Interagency Coordinating Councils (CICC)

Emerging and Upcoming Opportunities

Ready and Successful Children

Ready and Successful Parents, Families and Caregivers

DEL is working on increasing parent voice in the work of DEL through identifying opportunities to bring families into the dialogue about the development of the early learning system with their expert lens as primary consumers.

Ready and Successful Early Learning Professionals

The Washington State Association for Infant Mental Health (WA-AIMH) is raising funds to bring the Michigan Endorsement System for Infant Mental Health. The endorsement is a way to verify that a professional has attained specific education and training and has acquired the necessary competencies to deliver high quality services to young children and their parents and caregivers. Examples of professionals who might be interested in applying for endorsement include: mental health therapists, social workers, home visitors, early intervention specialists, caseworkers, child care providers and public health nurses. Each level of endorsement has certain requirements in terms of education, training, work experience and reflective supervision/consultation. Specialized training relates to one or more of the knowledge/skills areas as outlined in established Competency Guidelines and is specific to the level of endorsement for which the candidate is applying. WA-AIHM anticipates beginning endorsements in early 2015.

- Level I: Infant Family Associate
- Level II: Infant Family Specialist
- Level III: Infant Mental Health Specialist
- Level IV: Infant Mental Health Mentor

Emerging and Upcoming Opportunities

Ready and Successful Systems and Communities

Essentials for Childhood Initiative: Partners across sectors are coming together to create the context for healthy children, families and communities through the Essentials for Childhood initiative, using a collective impact approach. The goal is to have measurable and significant improvements in children’s health, development and education outcomes and eliminate equity gaps by 2025.

Healthiest Next Generation (HNG): Governor Jay Inslee’s Healthiest Next Generation initiative is a public-private partnership effort to improve children’s health. A work group focused on health, early learning and K-12 environments are recommending state policies that support community-led changes that will encourage physical activity and healthy eating for children.

Frontiers of Innovation (FOI): FOI is an initiative to improve outcomes for vulnerable children using science to inform early childhood policy and practice. DEL, DSHS, DOH, HCA and OSPI are using this science to inform service delivery to children and families in Washington. FOI is also providing training modules for state workers, providers and stakeholders about the science of early adversity and resilience, and how to apply it to policy and practice across systems, as well as on executive function for state-approved trainers of child care professionals.

Washington State ACEs Public-Private Initiative (APPI): APPI is a collaboration of private, community and public entities working together to learn how communities can prevent, reduce and address Adverse Childhood Experiences (ACEs). APPI is currently conducting a 2.5-year evaluation to study effective community-based approaches for preventing and mitigating ACEs and supporting a learning community to share knowledge.

Birth to Three Plan Outcome Measures

Ready and Successful Children

Health and Developmental Wellbeing

Policy Outcomes:

- A higher percentage of infants and toddlers will be screened earlier for physical and developmental delays
- Increased number of infants and toddlers with developmental needs (including “at risk” infants and toddlers) receive IDEA Part C services, state special education and/or are linked to a spectrum of services
- Increased rate of developmental screenings conducted by health care providers
- Enhanced family and community understanding of developmental screening

Home Visiting

Policy Outcomes:

- Increased availability of evidence-based, research-based and promising home visiting services for vulnerable families of infants and toddlers
- Increased cross-agency governance and system coordination
- Increased knowledge of what is required to effectively implement home visiting models
- Increased knowledge about evidence-based programs and promising practices

Ready and Successful Parents, Families and Caregivers

Parents and caregivers as first and most important teachers

Policy Outcomes:

- a. Parents have increased positive attitudes about reading and read more often with their infants and toddlers
- b. Increased protective factors (e.g., parenting knowledge and skills, social support, resilience) among mothers and fathers of infants and toddlers

Family, Friend and Neighbor Care

Policy Outcomes:

- a. Increased proportion of infants and toddlers in FFN care with trained providers.
- b. Increased participation in Kaleidoscope Play & Learn groups among FFN caregivers.
- c. Increased number of FFN care providers prepared with essential knowledge and skills related to promoting the health, safety and early development of infants and toddlers in their care.
- d. Increased or expanded community partnerships that provide resources and support to FFN providers and low-income infants and toddlers and their families.

Ready and Successful Early Learning Professionals

High Quality Professionals and Environments

Policy Outcomes:

- a. Increased number of early learning professionals prepared with the knowledge and skills associated with an infant/toddler credential
- b. Increased number of partnerships between child care and Early Head Start programs that maximize quality improvement efforts
- c. Increased supports received in child care settings to promote quality of care for infants and toddlers (including toddler room nurse visitation and interdisciplinary consultation)

Ready and Successful Communities and Systems

Child care subsidies that promote parent choice and affordable access to care

Policy Outcomes:

- a. Increased number of infants and toddlers receiving continuous subsidized care in high-quality settings

Infrastructure, Partnerships and Mobilization

Policy Outcomes:

- a. Adoption and increased use of Early Learning Benchmarks to inform the care of infants and toddlers
- b. Increased governance and coordination of state-level services and systems for infants and toddlers
- c. Increased availability of data and information collected and reported related to infants and toddlers
- d. Increased proportion of funding for early learning services and programs targeting young children between birth and 3
- e. Increased number of organizations and agencies throughout birth to three systems that have adopted the protective factor framework